



CITY OF RALEIGH PUBLIC UTILITIES DEPARTMENT

WAKE FOREST WATER PRESSURE INCREASE PROJECT – PHASE 1
PRESSURE REDUCING VALVE COST REIMBURSEMENT APPLICATION

Property Owner's/Water Customer's Name (s): _____

Property Address: _____

Mailing Address: _____

(if different from _____

above) _____

Daytime Phone Number(s): _____

Date Pressure Reducing Valve Installed: _____

Plumber's Name: _____

Address: _____

Telephone Number: _____

Invoice Number: _____

Cost of Pressure Reducing Valve Installation: _____
(and/or related work)

**** YOU MUST ATTACH A COPY OF YOUR INVOICE FROM YOUR PLUMBER****

If you do not have an invoice from your plumber, please obtain one.

SIGNED: _____

Please return this completed form and invoice to:

City of Raleigh
Public Utilities Department
Water Pressure Increase Project (Phase 1)
Post Office Box 590
Raleigh, NC 27602
Attention: Jewell Wiggins